MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040012

Registration District No. 249 Primary Registration District No. 1002 Registrar's No. 5374 STATE FILE NUMBER

FILED OCT 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 66 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2905 Campbell — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Azzie Middle Lee Last Loney
4. DATE OF DEATH Month October Day 3 Year 1963
5. SEX Female
6. COLOR OR RACE Caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1-12-1881
9. AGE (last birthday) 82 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Excelsior Spring Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Littleton W. Turner
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Ervin P. Loney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James W. Martin Address KC 29, Mo. 4835 Greenway Dr.

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure — immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) dehydration and acidosis — days
DUE TO (c) intestinal obstruction — unk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951, to 10/3/63 and last saw her alive on 10-3-63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H La Hue (Degree or title) MD
22b. ADDRESS 5811 Truman Rd
22c. DATE SIGNED 10/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-5-1963
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Floral Hills Funeral Home ADDRESS Kansas City, Missouri
25. DATE RECD. BY LOCAL REG. 10-4-63
26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3438	2	
3			
4	1		
5	2		
6			
7	0		
8	2		
9	5705		
10			
11			
12	57-2		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Mr. Herbert J. La Rue, M.D.
5811 Truman Rd.
Tue 3-4404
Wed - 12:30 To
6 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed C. M. Jones

Licensed Embalmer No. 3453

P. O. Address K. C. Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.